



**Missouri Department of Health and Senior Services**

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**Margaret T. Donnelly**  
Director

**Jeremiah W. (Jay) Nixon**  
Governor

DATE: August 2010

TO: Administrators of Public and Private Elementary and Secondary Schools in Missouri

FROM: Jeannie Ruth, Bureau Chief *JRuth*  
Bureau of Immunization Assessment and Assurance

SUBJECT: 2010-2011 Summary Report of the Immunization Status of Missouri Public, Private or Parochial School Children

The Bureau of Immunization Assessment and Assurance (BIAA) is pleased to announce the new online annual *Summary Report of Immunization Status of Missouri Public, Private and Parochial School Children*. This user-friendly report is available to complete and submit online, and provides immediate confirmation of submission. The bureau will assign a username and password to each school to log in to the system.

**Online Reporting:**

If you would like to submit this year's report online, send an e-mail request to [SchoolImmunizationReporting@dhss.mo.gov](mailto:SchoolImmunizationReporting@dhss.mo.gov). You will then receive an e-mail response with your school's username and password. You can access the survey form under School Reporting Information, at <http://www.dhss.mo.gov/Immunizations/Requirements.html#school>, if you wish to print a hard copy of the survey form to share with other schools in your district.

**Submit Report by Mail:**

If you would like to request a packet be sent to you in order to submit this year's report by mail, send an e-mail request to [SchoolImmunizationReporting@dhss.mo.gov](mailto:SchoolImmunizationReporting@dhss.mo.gov), or call 573-526-7659 to request a survey packet. You may also access the survey packet under School Reporting Information, at <http://www.dhss.mo.gov/Immunizations/Requirements.html#school>.

Although immunization records must be maintained at each public and private school for health validation purposes, only one summary report should be submitted for each public school district (private/parochial schools may submit a report for each school). According to state statute the *Summary Report* is to be completed and submitted to BIAA by **October 15, 2010**. BIAA works closely with the Department of Elementary and Secondary Education (DESE) to ensure reporting compliance with this statute.

The Immunization School Rule reflects the minimum requirements established for school attendance. It is important to emphasize to parents that children should receive all the immunizations recommended by the Advisory Committee on Immunization Practices (ACIP). The ACIP schedules can be obtained at <http://www.cdc.gov/vaccines/recs/schedules>.

[www.dhss.mo.gov](http://www.dhss.mo.gov)

**Healthy Missourians for life.**

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

The statewide results from the 2009-2010 school year indicate the following information on the fully immunized students in each vaccine category.

|             |       |  |       |
|-------------|-------|--|-------|
| DTP/DTaP/DT | 98.1% | Hepatitis B                              | 98.2% |
| Polio       | 98.7% | Varicella (grades K, 1, 2, 3 and 4 only) | 98.8% |
| Measles     | 98.2% |  |       |

Thanks to your efforts, Missouri's schools have achieved excellent immunization levels. Your continued cooperation is appreciated. Should you have questions about Missouri's immunization requirements for school attendance or need assistance in completing the report, please contact the Bureau of Immunization Assessment and Assurance at (573) 751-6124.

JR/lp

**INSTRUCTIONS FOR PREPARATION OF THE 2010-2011 SUMMARY REPORT OF IMMUNIZATION  
STATUS OF MISSOURI PUBLIC, PRIVATE AND PAROCHIAL SCHOOL CHILDREN (CD-31)**

**Background:**

Varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-2006 school year. If a student has had chickenpox disease, a signed statement from the parent, guardian or licensed doctor of medicine or osteopathy may be accepted as proof of disease. Beginning the 2010-2011 school year if a student has had chickenpox disease, a signed statement from a licensed doctor of medicine or doctor of osteopathy may be accepted as proof of disease.

For children beginning kindergarten during or after the 2003-2004 school year, school immunization requirements must follow the latest ACIP recommended immunization schedules (<http://www.cdc.gov/vaccines/recs/schedules>) and ACIP General Recommendations on Immunization (<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>). This regulation will not affect students who began attending school in Missouri prior to the 2003-2004 school year.

Satisfactory evidence of immunization consists of a statement, certificate, or record from a physician or other recognized health facility. The statement must include the type of vaccine given and the date of administration. All students shall be required to provide documentation of the month, day and year of vaccine administration.

Students who are not completely immunized may **not** attend school unless they have begun the series and are making satisfactory progress as outlined on the enclosed ACIP-recommended immunization schedules **and** have a current signed **Immunizations In Progress** form (Imm.P.14) on file with the student's immunization record. In progress means that a child has begun the vaccine series and has an appointment for the next dose (i.e., Hep B vaccine series was begun but the child is not yet eligible to receive the next dose in the series. In progress does not apply to the Tdap or Td booster). This appointment must be kept and an updated record provided to the school. If the appointment is **not** kept, the child is no longer in progress and is noncompliant.

Students may be exempted for reasons of religious objection by placing a **Religious Immunization Exemption** form (Imm.P.11A) on file with the student's school immunization record indicating that immunization of the student violates the religious beliefs of the parent or guardian. The parent or guardian must sign this form.

Students may be exempted from immunization for medical reasons by placing a **Medical Immunization Exemption** form (Imm.P.12) on file with the student's school immunization record. A licensed doctor of medicine or doctor of osteopathy must complete and sign this form certifying that either the immunization would seriously endanger the student's health or life or the student has documentation of laboratory evidence of immunity to the disease(s).

Please distribute instructions to all personnel responsible for preparing the *2009-2010 Summary Report of Immunization Status of Missouri Public, Private, and Parochial School Children* (CD-31). The *Summary Report* and instructions are also available on the Department of Health and Senior Services' (DHSS) Web site under the school requirements at <http://www.dhss.mo.gov/Immunizations>. This report must be submitted to the DHSS no later than **October 15, 2010**. One report should be submitted from each public school district (private/parochial schools may submit a report for each school).

For assistance in completing the *Summary Report*, please refer to the attached **Missouri School Immunization Requirements 2010-2011** that outline immunization requirements for each grade. For information on vaccine spacing and minimum intervals, please refer to the ACIP's Recommended Immunization Schedule for Persons Aged 0-6 Years, United States 2010; the Recommended Immunization Schedule for Persons Aged 7-18 Years, United States 2010; or the Catch-up Immunization Schedule for Persons Aged 4 Months – 18 Years Who Start Late or Who Are More Than 1 Month Behind, United States 2010.

### **Instructions for the completion of the *Summary Report (CD-31)*:**

Ensure the name of the school or school system and address on the top portion of the form are correct. If not, make corrections on the label. Complete the form, date it and obtain the necessary signature.

1. For **each grade**, enter the current enrollment.
2. For **each grade** and for **each required immunization** enter the following:
  - The number of students fully immunized according to the rule.
  - The number of students in progress to complete immunization series. (**In progress means student is waiting to complete the series, but is ineligible to receive vaccine due to timeframe between doses**). **Immunizations In Progress form (Imm.P.14) must be on file.**
  - For varicella only, the number of students with proof of disease.
  - The number of students with a **Medical Immunization Exemption** form (Imm.P.12) on file.
  - The number of students with a **Religious Immunization Exemption** form (Imm.P.11A) on file.
  - The number of students who do not have all immunizations required for their grade level, but have an immunization record. Record these students on the *Report of Students in Noncompliance with Missouri School Immunization Law* (Imm.P.10).
  - The number of students who do not have an immunization record. Record these students on the *Report of Students in Noncompliance with Missouri School Immunization Law* (Imm.P.10).

### **Instructions for completing the *Report of Students in Noncompliance with Missouri School Immunization Law (Imm.P.10)*:**

This form is to be used to report those students who have not received all required immunizations AND who do not have the appropriate **Medical** or **Religious Immunization Exemption** or **Immunizations In Progress** form on file. Do **not** include students who are in the process of completing a vaccination series. (Ensure these students have an **Immunizations In Progress** form on file.) Return the Imm.P.10 summary report by **October 15, 2010**, along with the completed CD-31.

1. Enter the identifying information for the school or school system, date, and name of person completing the form in the top portion of the form.
2. Enter the following information for each student in noncompliance:
  - Student ID (Such as school developed ID number)
  - Grade
  - Check the appropriate box(es) under the Immunization(s) Needed Section.
3. Submit a photocopy of the Imm.P.10 with the *Summary Report (CD-31)* to DHSS at the address provided.
4. By **November 15, 2010**, immunization follow-up information for the non-compliant students must be filed with DHSS. Indicate in the Immunization Follow-up column of this form which of the following type(s) of action was taken to enable the student(s) to meet the immunization requirements and remain in school:
  - Required immunization(s) was completed (indicate the type of vaccine and month/day/year vaccine was received).
  - **Immunizations In Progress** form (Imm.P.14) was completed and placed in the student's file.
  - Appropriate **Medical** or **Religious Immunization Exemption** form (Imm.P.11A or Imm.P.12) was completed and placed in the student's file.
  - Student moved from the school district.

After November 15, 2010, students who do not have required immunization(s), appropriate exemption or In Progress form should be excluded from school attendance.

5. Submit a photocopy of the updated Imm.P.10 form to the DHSS address indicated.
6. Continue updating the Imm.P.10 form and send monthly to DHSS until all students are compliant.

A draft letter that you may wish to use for students with incomplete immunization records is enclosed. If you have any questions, please call your Regional Immunization Quality Improvement Representative (see attached map), your local public health agency or the Bureau of Immunization Assessment and Assurance at (573) 751-6124.

# Missouri School Immunization Requirements 2010-2011

- All students must present documentation of up-to-date immunization status, including month, day and year of each immunization before they can attend school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period (meaning 4 or fewer days prior to the recommended interval or age), so students in all grade levels may receive immunizations up to 4 days before they are due.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current ACIP Schedule, including all spacing, (<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>).
- To remain in school, students "in progress" must have an Imm.P.14 form (which includes appointment date for needed immunization(s)) on file and must receive immunizations as soon as they become due. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (For example, hep B vaccine series was begun but the child is not yet eligible to receive the next dose in the series.)

In progress does not apply to the Tdap or Td booster.

- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

| Vaccines Required for School Attendance | Doses Required by Grade |    |    |    |    |    |   |    |  |  |    |    |    |
|---|-------------------------|----|----|----|----|----|---|----|--|--|----|----|----|
|   | K                       | 1  | 2  | 3  | 4  | 5  | 6   | 7  | 8  | 9  | 10 | 11 | 12 |
| DTaP <sup>1</sup>                       | 4+                      | 4+ | 4+ | 4+ | 4+ | 4+ | 4+  | 4+ | 4  | 4  | 4  | 4  | 3+ |
| Tdap <sup>2</sup>                       |                         |    |    |    |    |    |   |    | 1  | Tdap or Td required 10 years after last DTaP, DTP or DT. |    |    |    |
| IPV (Polio) <sup>3</sup>                | 3+                      | 3+ | 3+ | 3+ | 3+ | 3+ | 3+  | 3+ | 3+   | 3+   | 3+ | 3+ | 3+ |
| MMR                                     | 2                       | 2  | 2  | 2  | 2  | 2  | 2   | 2  | 2 measles, 1 mumps, 1 rubella required, however 2 MMRs are highly recommended. |  |    |    |    |
| Hepatitis B                             | 3+                      | 3+ | 3+ | 3+ | 3+ | 3+ | 3+  | 3+ | 3+   | 3+   | 3+ | 3+ | 3+ |
| Varicella <sup>4</sup>                  | 2                       | 1  | 1  | 1  | 1  | 1  | No doses required, however vaccination is highly recommended. |    |  |  |    |    |    |

1. Last dose on or after fourth (4th) birthday and last dose of pediatric pertussis before seventh (7th) birthday.  
**Maximum needed:** six (6) doses.
2. Tdap, which contains pertussis vaccine, is required for students enrolled in grade eight (8) who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose within the past two (2) years. For grades 9-12, a Tdap or Td booster is required ten (10) years after the last dose of DTaP, DTP or DT. Tdap may be given at any time in the event of a pertussis outbreak situation.
3. Last dose must be administered on or after fourth (4th) birthday.
4. Kindergarten: As satisfactory evidence of disease, an MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

Grades 1-5: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.



# Vaccine Identification

## VACCINE

## DIFFERENT BRANDS and ABBREVIATIONS

Diphtheria, Tetanus,  
Acellular Pertussis

Acel-Immune  
Daptacel  
Infanrix  
ActHIB (combined with Hib)  
Pediatrix (combined with Hepatitis B and polio)  
TETRAMUNE (combined with Hib) abbreviated TTR  
TriHIBit (combined with Hib) (DTaP/Hib)

Certiva  
DtaP  
Tripedia

Diphtheria and Tetanus

DT

Tetanus

Decavac  
TT (Tetanus Toxoid)

Td

Tetanus, Diphtheria,  
Acellular Pertussis

Adacel  
Tdap

Boostrix

Haemophilus influenzae  
type b (Hib)

ActHIB  
HbOC  
H-FLU  
HibTITER  
PedvaxHIB  
ProHIBit  
PRP-T  
Comvax (combined with Hepatitis B)  
Tetramune (combined with DTaP) abbreviated TTR  
TriHIBit (combined with DTaP) (DTaP/Hib)

HbCV  
HbPV  
Hib  
OmniHIB  
Pro-D  
PRP-OMP

Hepatitis A

HAV  
Hep A  
Twinrix (combined with Hepatitis B)

Havrix  
VAQTA

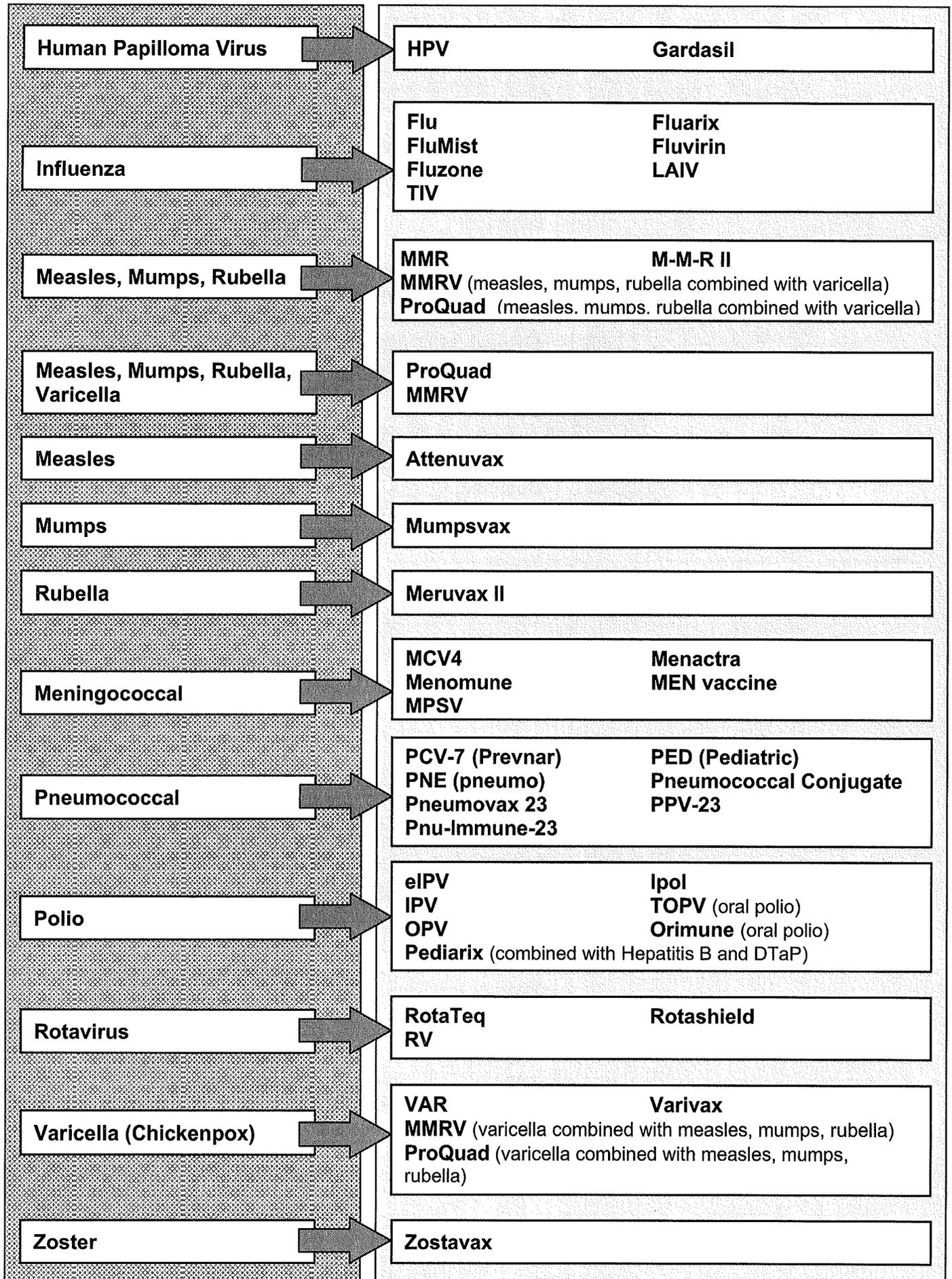
Hepatitis B

Engerix-B  
Hep B  
Comvax (combined with Hib)  
Pediatrix (combined with polio and DTaP)  
Recombivax-HB  
Twinrix (combined with Hepatitis A)

HBV  
Heptavax

HepA/HepB

Twinrix (Hep A and Hep B combined)



# Missouri Department of Health and Senior Services

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**Northwest Region**

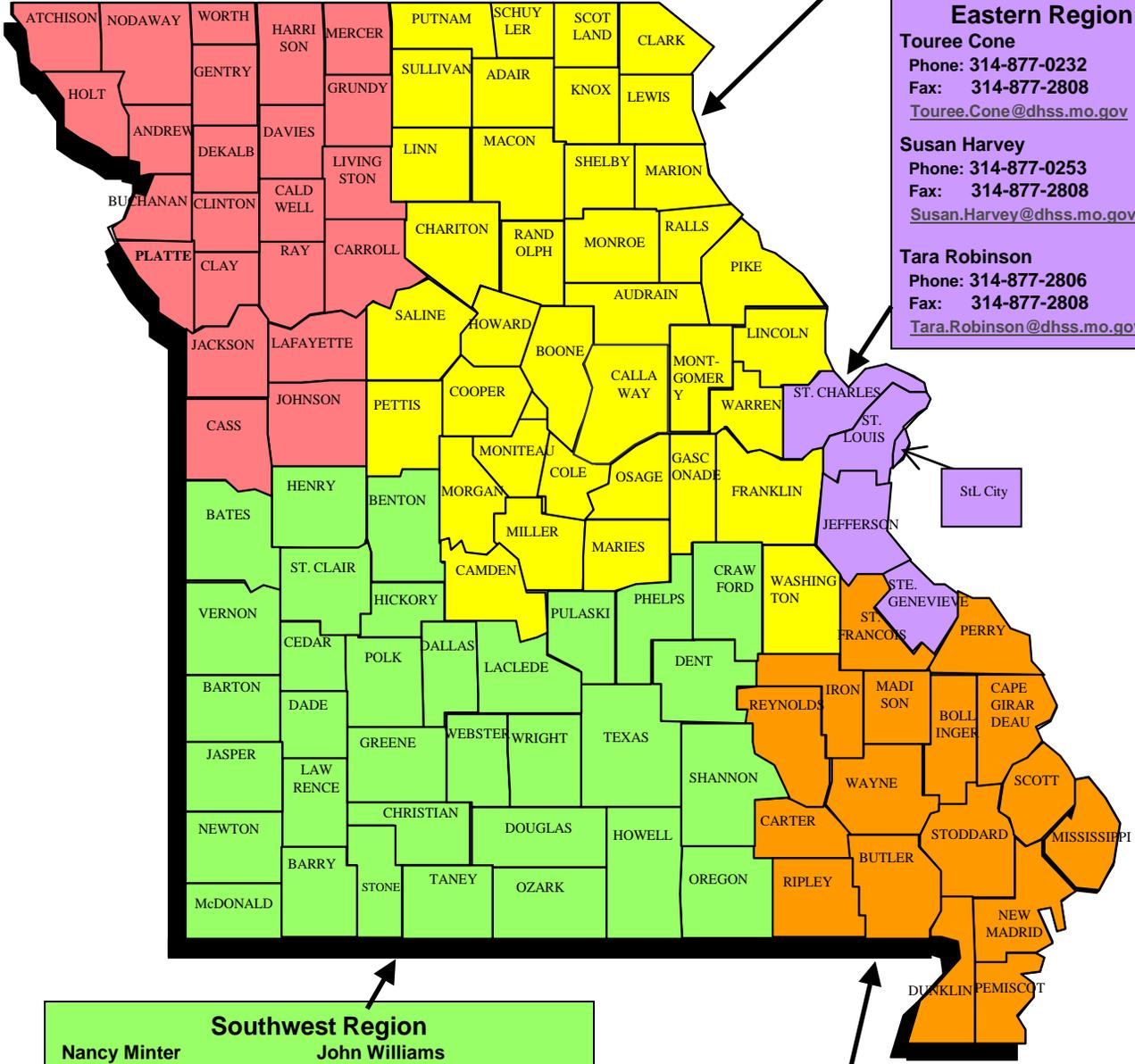
|   |   |
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF IMMUNIZATION ASSESSMENT AND ASSURANCE  
**RELIGIOUS IMMUNIZATION EXEMPTION**

REQUIRED UNDER THE STATE IMMUNIZATION LAW (Section 167.181, RSMo) FOR SCHOOL ATTENDANCE

|   |                               |      |
|---|-------------------------------|------|
| <b>THIS IS TO CERTIFY THAT</b>  | NAME OF CHILD (PRINT OR TYPE) |      |
| Should be exempted from receiving the following checked immunization(s) because immunizations violate my religious beliefs:   |                               |      |
| <input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> TETANUS <input type="checkbox"/> PERTUSSIS <input type="checkbox"/> POLIO <input type="checkbox"/> VARICELLA<br><input type="checkbox"/> HEPATITIS B <input type="checkbox"/> MMR <input type="checkbox"/> OTHER _____ |                               |      |
| 1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.<br>2. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.                            |                               |      |
| PARENT/GUARDIAN NAME (PRINT OR TYPE)  | PARENT/GUARDIAN SIGNATURE     | DATE |

MO 580-1723 (3-010)

Imm.P.11A



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION OF VACCINE-PREVENTABLE AND TUBERCULOSIS DISEASE ELIMINATION  
**MEDICAL IMMUNIZATION EXEMPTION**

FOR DOCTORS OF MEDICINE OR DOCTORS OF OSTEOPATHY ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

|  |                                 |  |
|--|---------------------------------|--|
| <b>THIS IS TO CERTIFY THAT</b>   | NAME OF PATIENT (PRINT OR TYPE) |  |
| SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE:   |                                 |  |
| <input type="checkbox"/> The child has documented laboratory evidence of immunity to the disease. (Attach the lab slip to this form.)<br><input type="checkbox"/> In my medical judgment, the immunization(s) checked would endanger the child's health or life.   |                                 |  |
| <input type="checkbox"/> Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis <input type="checkbox"/> Td <input type="checkbox"/> Polio <input type="checkbox"/> Hib<br><input type="checkbox"/> MMR <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Other<br><input type="checkbox"/> Varicella |                                 |  |
| 1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.<br>2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.   |                                 |  |
| PHYSICIAN NAME (PRINT OR TYPE)   | PHYSICIAN REGISTRATION NO.      |  |
| SIGNATURE OF PHYSICIAN   | DATE                            |  |

MO 580-0807 (1-02)

Imm.P.12



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR DISEASE CONTROL AND ENVIRONMENTAL EPIDEMIOLOGY  
**IMMUNIZATIONS IN PROGRESS**

FOR PHYSICIANS AND PUBLIC HEALTH NURSES ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo Cum. Supp. 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

|  |                               |                              |
|--|-------------------------------|------------------------------|
| <b>THIS IS TO CERTIFY THAT</b>   | NAME OF CHILD (PRINT OR TYPE) |                              |
| received the following immunization(s) on _____ as required by State Immunization Laws   |                               |                              |
| MONTH/DAY/YEAR   |                               |                              |
| <input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> TETANUS <input type="checkbox"/> PERTUSSIS <input type="checkbox"/> POLIO<br><input type="checkbox"/> Hib <input type="checkbox"/> VARICELLA <input type="checkbox"/> MEASLES <input type="checkbox"/> MUMPS<br><input type="checkbox"/> RUBELLA <input type="checkbox"/> Hepatitis B <input type="checkbox"/> PNEUMOCOCCAL |                               |                              |
| and is scheduled to return on _____ for the following immunization(s) _____  |                               |                              |
| MONTH/DAY/YEAR   |                               |                              |
| <b>NOTE:</b> This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the Department's Immunization Schedule.  |                               |                              |
| PHYSICIAN NAME (PRINT OR TYPE)   | PHYSICIAN SIGNATURE           |                              |
| PUBLIC HEALTH NURSE  | DATE                          | CITY OR COUNTY OF ASSIGNMENT |

MO 580-0828 (6-08)

IMMP 14

# Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

| Vaccine ▼   | Age ► | Birth | 1 month | 2 months | 4 months | 6 months         | 12 months                       | 15 months | 18 months                       | 19–23 months | 2–3 years   | 4–6 years |
|---|-------|-------|---------|----------|----------|------------------|---------------------------------|-----------|---------------------------------|--------------|-------------|-----------|
| Hepatitis B <sup>1</sup>                          |       | HepB  | HepB    |          |          |                  | HepB                            |           |                                 |              |             |           |
| Rotavirus <sup>2</sup>                            |       |       |         | RV       | RV       | RV <sup>2</sup>  |                                 |           |                                 |              |             |           |
| Diphtheria, Tetanus, Pertussis <sup>3</sup>       |       |       |         | DTaP     | DTaP     | DTaP             | <i>see footnote<sup>3</sup></i> | DTaP      |                                 |              |             | DTaP      |
| <i>Haemophilus influenzae</i> type b <sup>4</sup> |       |       |         | Hib      | Hib      | Hib <sup>4</sup> | Hib                             |           |                                 |              |             |           |
| Pneumococcal <sup>5</sup>                         |       |       |         | PCV      | PCV      | PCV              | PCV                             |           |                                 |              | PPSV        |           |
| Inactivated Poliovirus <sup>6</sup>               |       |       |         | IPV      | IPV      |                  | IPV                             |           |                                 |              |             | IPV       |
| Influenza <sup>7</sup>                            |       |       |         |          |          |                  | Influenza (Yearly)              |           |                                 |              |             |           |
| Measles, Mumps, Rubella <sup>8</sup>              |       |       |         |          |          |                  | MMR                             |           | <i>see footnote<sup>8</sup></i> |              |             | MMR       |
| Varicella <sup>9</sup>                            |       |       |         |          |          |                  | Varicella                       |           | <i>see footnote<sup>9</sup></i> |              |             | Varicella |
| Hepatitis A <sup>10</sup>                         |       |       |         |          |          |                  | HepA (2 doses)                  |           |                                 |              | HepA Series |           |
| Meningococcal <sup>11</sup>                       |       |       |         |          |          |                  |                                 |           |                                 |              |             | MCV       |

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

## 1. Hepatitis B vaccine (HepB). (Minimum age: birth)

### At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

### After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.

## 2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days
- If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

## 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

## 4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHibit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

## 5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- Administer PPSV 2 or more months after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 1997;46(No. RR-8).

## 6. Inactivated poliovirus vaccine (IPV) (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.

## 7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).

## 8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

## 9. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

## 10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits
- HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

## 11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009;58:1042–3.

# Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2010

For those who fall behind or start late, see the schedule below and the catch-up schedule

| Vaccine ▼                                   | Age ►          | 7–10 years | 11–12 years        | 13–18 years |  |
|---|----------------|------------|--------------------|-------------|--|
| Tetanus, Diphtheria, Pertussis <sup>1</sup> |                |            | Tdap               | Tdap        | Range of recommended ages for all children except certain high-risk groups |
| Human Papillomavirus <sup>2</sup>           | see footnote 2 |            | HPV (3 doses)      | HPV series  |  |
| Meningococcal <sup>3</sup>                  |                | MCV        | MCV                | MCV         |  |
| Influenza <sup>4</sup>                      |                |            | Influenza (Yearly) |             | Range of recommended ages for catch-up immunization                        |
| Pneumococcal <sup>5</sup>                   |                |            | PPSV               |             |  |
| Hepatitis A <sup>6</sup>                    |                |            | HepA Series        |             | Range of recommended ages for certain high-risk groups                     |
| Hepatitis B <sup>7</sup>                    |                |            | Hep B Series       |             |  |
| Inactivated Poliovirus <sup>8</sup>         |                |            | IPV Series         |             |  |
| Measles, Mumps, Rubella <sup>9</sup>        |                |            | MMR Series         |             |  |
| Varicella <sup>10</sup>                     |                |            | Varicella Series   |             |  |

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

## 1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for Boostrix and 11 years for Adacel)

- Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap should receive a dose.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

## 2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Two HPV vaccines are licensed: a quadrivalent vaccine (HPV4) for the prevention of cervical, vaginal and vulvar cancers (in females) and genital warts (in females and males), and a bivalent vaccine (HPV2) for the prevention of cervical cancers in females.
- HPV vaccines are most effective for both males and females when given before exposure to HPV through sexual contact.
- HPV4 or HPV2 is recommended for the prevention of cervical precancers and cancers in females.
- HPV4 is recommended for the prevention of cervical, vaginal and vulvar precancers and cancers and genital warts in females.
- Administer the first dose to females at age 11 or 12 years.
- Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of acquiring genital warts.

## 3. Meningococcal conjugate vaccine (MCV4).

- Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
- Administer to previously unvaccinated college freshmen living in a dormitory.
- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, or certain other conditions placing them at high risk.
- Administer to children previously vaccinated with MCV4 or MPSV4 who remain at increased risk after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose. See *MMWR* 2009;58:1042–3.

## 4. Influenza vaccine (seasonal).

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine. See *MMWR* 2009;58(No. RR-10).

## 5. Pneumococcal polysaccharide vaccine (PPSV).

- Administer to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition. See *MMWR* 1997;46(No. RR-8).

## 6. Hepatitis A vaccine (HepA).

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

## 7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

## 8. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

## 9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.

## 10. Varicella vaccine.

- For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
- For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

**Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2010**

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

| PERSONS AGED 4 MONTHS THROUGH 6 YEARS                                |                        |  |   |   |                       |
|--|------------------------|--|---|---|-----------------------|
| Vaccine  | Minimum Age for Dose 1 | Minimum Interval Between Doses   |   |   |                       |
|  |                        | Dose 1 to Dose 2   | Dose 2 to Dose 3  | Dose 3 to Dose 4  | Dose 4 to Dose 5      |
| Hepatitis B <sup>1</sup>   | Birth                  | 4 weeks  | 8 weeks<br>(and at least 16 weeks after first dose)   |   |                       |
| Rotavirus <sup>2</sup>   | 6 wks                  | 4 weeks  | 4 weeks <sup>2</sup>  |   |                       |
| Diphtheria, Tetanus, Pertussis <sup>3</sup>                          | 6 wks                  | 4 weeks  | 4 weeks   | 6 months  | 6 months <sup>3</sup> |
| Haemophilus influenzae type b <sup>4</sup>                           | 6 wks                  | 4 weeks<br>if first dose administered at younger than age 12 months  | 4 weeks <sup>4</sup><br>if current age is younger than 12 months  | 8 weeks (as final dose)<br>This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months   |                       |
|  |                        | 8 weeks (as final dose)<br>if first dose administered at age 12–14 months  | 8 weeks (as final dose) <sup>4</sup><br>if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months |   |                       |
|  |                        | No further doses needed<br>if first dose administered at age 15 months or older  | No further doses needed<br>if previous dose administered at age 15 months or older  |   |                       |
| Pneumococcal <sup>5</sup>  | 6 wks                  | 4 weeks<br>if first dose administered at younger than age 12 months  | 4 weeks<br>if current age is younger than 12 months   | 8 weeks (as final dose)<br>This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age |                       |
|  |                        | 8 weeks (as final dose for healthy children)<br>if first dose administered at age 12 months or older or current age 24 through 59 months | 8 weeks<br>(as final dose for healthy children)<br>if current age is 12 months or older   |   |                       |
|  |                        | No further doses needed<br>for healthy children if first dose administered at age 24 months or older                                     | No further doses needed<br>for healthy children if previous dose administered at age 24 months or older   |   |                       |
| Inactivated Poliovirus <sup>6</sup>                                  | 6 wks                  | 4 weeks  | 4 weeks   | 6 months  |                       |
| Measles, Mumps, Rubella <sup>7</sup>                                 | 12 mos                 | 4 weeks  |   |   |                       |
| Varicella <sup>8</sup>   | 12 mos                 | 3 months   |   |   |                       |
| Hepatitis A <sup>9</sup>   | 12 mos                 | 6 months   |   |   |                       |
| PERSONS AGED 7 THROUGH 18 YEARS                                      |                        |  |   |   |                       |
| Tetanus, Diphtheria/<br>Tetanus, Diphtheria, Pertussis <sup>10</sup> | 7 yrs <sup>10</sup>    | 4 weeks  | 4 weeks<br>if first dose administered at younger than age 12 months<br>6 months<br>if first dose administered at 12 months or older   | 6 months<br>if first dose administered at younger than age 12 months  |                       |
| Human Papillomavirus <sup>11</sup>                                   | 9 yrs                  | Routine dosing intervals are recommended <sup>11</sup>   |   |   |                       |
| Hepatitis A <sup>9</sup>   | 12 mos                 | 6 months   |   |   |                       |
| Hepatitis B <sup>1</sup>   | Birth                  | 4 weeks  | 8 weeks<br>(and at least 16 weeks after first dose)   |   |                       |
| Inactivated Poliovirus <sup>6</sup>                                  | 6 wks                  | 4 weeks  | 4 weeks   | 6 months  |                       |
| Measles, Mumps, Rubella <sup>7</sup>                                 | 12 mos                 | 4 weeks  |   |   |                       |
| Varicella <sup>8</sup>   | 12 mos                 | 3 months<br>if person is younger than age 13 years   |   |   |                       |
|  |                        | 4 weeks<br>if person is aged 13 years or older   |   |   |                       |

**1. Hepatitis B vaccine (HepB).**

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

**2. Rotavirus vaccine (RV).**

- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days.
- If Rotarix was administered for the first and second doses, a third dose is not indicated.

**3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

**4. Haemophilus influenzae type b conjugate vaccine (Hib).**

- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons who have not previously received Hib vaccine is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.

**5. Pneumococcal vaccine.**

- Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
- For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. See *MMWR* 1997;46(No. RR-8).

**6. Inactivated poliovirus vaccine (IPV).**

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.

- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

**7. Measles, mumps, and rubella vaccine (MMR).**

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

**8. Varicella vaccine.**

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

**9. Hepatitis A vaccine (HepA).**

- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

**10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**

- Doses of DTaP are counted as part of the Td/Tdap series
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.

**11. Human papillomavirus vaccine (HPV).**

- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 1 to 2 and 6 months after the first dose). The minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be administered at least 24 weeks after the first dose.

(SCHOOL LETTERHEAD)

Dear Parent/Guardian:

State health regulations dictate that students cannot attend school unless they are properly immunized and can provide satisfactory evidence of immunizations or unless they are exempted. For school attendance, children should be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B. Varicella is required for kindergarteners through fifth grade. All children are required to provide documentation of the month, day and year of vaccine administration.

Immunization records for your child, \_\_\_\_\_, are incomplete. The following actions are needed:

**NO IMMUNIZATION RECORD ON FILE**

\_\_\_\_\_ Provide a complete immunization record.

**VACCINATION FOR DIPHTHERIA, TETANUS, PERTUSSIS (DTaP, DTP, DT, Td, Tdap)**

\_\_\_\_\_ Series incomplete (Dose[s] needed \_\_\_\_\_).

\_\_\_\_\_ Last dose of (DTaP, DTP or DT) was received before fourth birthday (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).

\_\_\_\_\_ Tdap needed for 8<sup>th</sup> grade entry.

\_\_\_\_\_ Tdap/Td - 10 year booster (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).

**VACCINATION FOR POLIO (IPV, OPV)**

\_\_\_\_\_ Series incomplete (Dose[s] needed \_\_\_\_\_).

\_\_\_\_\_ Last dose of Polio was received before fourth birthday (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).

**VACCINATION FOR MEASLES, MUMPS, AND RUBELLA**

\_\_\_\_\_ Series incomplete (Dose[s] needed \_\_\_\_\_ Measles immunization \_\_\_\_\_ Mumps immunization \_\_\_\_\_ Rubella immunization).

\_\_\_\_\_ Vaccination for \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella is required since initial vaccines were received before first birthday.

**VACCINATION FOR HEPATITIS B**

\_\_\_\_\_ Series incomplete (Dose[s] needed \_\_\_\_\_).

(NOTE: Students who are 11-15 years of age may use the following as a guide for the 2-dose Merck Recombivax Hepatitis B vaccine schedule - Dose 1, initial visit  
Dose 2, 4-6 months after Dose 1)

**VACCINATION FOR VARICELLA (Kindergarten, First, Second, Third, Fourth and Fifth Grade)**

\_\_\_\_\_ Incomplete (Dose[s] needed \_\_\_\_\_, or written statement from doctor of medicine (MD) or doctor of osteopathy (DO) indicating month and year of disease).

\_\_\_\_\_ Vaccination for Varicella is required since vaccine was received before first birthday.

If your child has had the immunization(s) checked above, please send or bring a statement, certificate or record from a physician or other recognized health facility or personnel no later than \_\_\_\_/\_\_\_\_/\_\_\_\_. Please call me if you have any questions.

Sincerely,

